Public Health Education in India

Why in the news?

The U.S. withdrawal from WHO and cuts to United States Agency for International Development (USAID) funding have impacted global public health, affecting the job market for Master of Public Health (MPH) students, including India.

- **Historical Context** – Public health education in India dates back to the colonial era but was initially embedded within medical teaching.
- The *All India Institute of Hygiene and Public Health*, Kolkata, established in 1932, marked a significant milestone.
- Prior to 2000, public health specialists were primarily from community medicine backgrounds, with limited numbers.
- Many Indians pursued Master of Public Health (MPH) degrees abroad due to limited domestic options.
- **Current Scenario** – Since 2000, there has been an exponential growth in institutions offering MPH courses, from just one to over 100.
- This expansion coincided with the launch of the *National Rural Health Mission (2005)*, which initially created opportunities.
- ***Article 47*** of the Constitution underscores the state's responsibility to improve public health.
- The COVID-19 pandemic highlighted the urgent need for a specialized public health workforce.
- International aid constitutes only 1% of India's total health expenditure, making it relatively resilient to funding cuts.

Challenges of public health education in India

- **Supply-Demand Mismatch** – A rapid increase in MPH programs has outpaced job creation, leading to intense competition for limited positions.
- Government recruitment has plateaued, and the private sector prioritizes other specializations.
- **Quality of Education** – Lack of standardized curricula and outcome measures, despite the Health Ministry's framework.
- Insufficient practical learning opportunities and faculty shortages with real-world experience.
- Absence of a dedicated regulatory body to oversee MPH training, leading to varied quality.
- **Funding Constraints** – Reduced international aid impacts the development sector, which relies heavily on external funding.
- National research and health development funding remain significantly underfunded.
- The changing global funding situation has impacted the availability of funding for

Indian projects.

- **Geographical Disparities** – Uneven distribution of MPH institutions, with populous and hilly states lacking adequate training facilities.
- This leads to unequal access to quality Public Health education.
- **Private Sector Dominance** – The growing private healthcare sector prefers hospital and business management over public health expertise.
- This limits job opportunities for MPH graduates.

Way forward

- **Job Creation** – The creation of public health positions at all levels of the health system can be prioritised.
- Dedicated public health cadres within state governments could be established.
- **Regulatory Framework** – A robust regulatory mechanism could be implemented through a dedicated body or a specialized division within existing agencies like the NMC or UGC.
- The curriculum standards could be set and minimum training requirements while allowing for institutional innovation.
- **Practical Training** – Practical learning opportunities could be integrated within public health systems into all MPH programs.
- **Regional Equity** – The growth of public health institutions in underserved states can be fostered.
- **National Funding** – Increase national funding for public health research and development.
- **Standardized Curriculum** – A mandatory standardized curriculum could be implemented.

References

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